

PREPARED BY AND RETURN TO:  
TAYLOR JONES & ALEXANDER LTD.  
ATTORNEYS AT LAW  
P. O. BOX 188  
SOUTHAVEN, MS 38671  
(662) 342-1300

10/03/06 12:17:32  
BK 540 PG 685  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

RUBY C. FOSTER  
GRANTOR(S)

## WARRANTY

TO

DEED

WINFORD W. BRUCE, II and wife,  
GLENDA A. BRUCE  
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, RUBY C. FOSTER do hereby sell, convey, and warrant unto WINFORD W. BRUCE, II and wife, GLENDA A. BRUCE and as tenants by the entirety with the full rights of survivorship and not as tenants in common the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

A parcel of land located in the Southeast Quarter (SE 1/4) of Section 18,  
Township 3 South, Range 7 West, Town of Hernando, DeSoto County,  
Mississippi more particularly described on Exhibit "A" attached hereto.

PARCEL NO. 3074-1800.3-00026.00

The above property is the same property conveyed to James M. Laughter and Rubye C. Foster with full rights of survivorship by Quitclaim Deed of record in Book 494, Page 535 in the Chancery Clerk's Office of DeSoto County, Mississippi. James M. Laughter passed away on July 2, 2005.

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2006 are to be prorated as of this date based on the previous year and are to be paid by the Grantees.

Possession is to be given on delivery of this Warranty Deed

WITNESS my signature(s), this the 29th day of September, 2006.

Ruby C. Foster  
RUBY C. FOSTER

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named RUBY C. FOSTER who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND and seal of office, this the 29th day of September, 2006.

Marilyn J. Crobb  
Notary Public

My commission expires: MY COMMISSION EXPIRES 9-7-2007

PROPERTY ADDRESS: 135 EAST CENTER STREET, HERNANDO, MS. 38632

GRANTORS ADDRESS:

7620 Hwy. 51 So  
Hernando, MS 38632

Res# 662-429-0311

Bus#901-486-9659

GRANTEE'S ADDRESS:

6620 DAVIDSON RD  
OLIVE BRANCH, MS 38654

Res# 662.895.9527

Bus# 901-831-5285

Dawson

3

A parcel of land situated in Section 18, Township 3 South, Range 7 West, Town of Hernando, DeSoto County, Mississippi, being Part of Lot No. 3 as the same is shown on the official map of the Town of Hernando, Mississippi, and being more particularly described by metes and bounds as follows, to wit:

Beginning at the Northwest corner of Lot No. 3, thence East along the North line of said Lot No. 3 a distance of 88 feet to a point; thence South a distance of 250 feet to a point; thence West a distance of 88 feet to the West line of said Lot No. 3; thence North along the West line of said Lot No. 3, a distance of 250 feet to the Point of Beginning. And said parcel is part of the lands that were conveyed by S.C. Riley to L.O. Laughter by Warranty Deed dated April 21, 1931, and of record in Book 23, Page 108, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

INDEXING INSTRUCTIONS: A tract of land located in the SE  $\frac{1}{4}$  of Section 18, Township 3 South, Range 7 West, DeSoto County, Mississippi.

Exhibit "A"

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDSTYPE OR PRINT  
WITH BLACK INKFILING  
DATE

JUL 18 2005

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER

123- 05-014596

## DECEASED

1. NAME First Middle Last <b>James Marion Laughter</b>	2. SEX <b>Male</b>	3a. HOUR OF DEATH <b>2:30 P<sup>m</sup></b>	3b. DATE OF DEATH (Month, Day, Year) <b>July 2, 2005</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>	5a. AGE AT LAST BIRTHDAY <b>78</b> Years	5b. MOS <b>Nov. 20, 1926</b>	5c. DAYS <b>Desoto</b>
5d. HOURS <b>Inst.</b>	5e. MINS <b>Miss:</b>	6. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH
7b. CITY OR TOWN OF DEATH <b>Southaven, Ms.</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>Desoto Health Care</b>	7d. IF IN HOSP., OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>Inst.</b>	8. STATE OF BIRTH
9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>High School</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Widowed</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>NA</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>Yes</b>
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>	14. SOCIAL SECURITY NUMBER <b>427-30-4722</b>	15a. USUAL OCCUPATION (Kind of work done most of working life) <b>Auto Repair Shop</b>	15b. KIND OF BUSINESS OR INDUSTRY <b>Laughters Auto Ser.</b>
16a. RESIDENCE—STATE <b>Miss.</b>	16b. COUNTY <b>Desoto</b>	16c. CITY OR TOWN <b>Southaven.</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16e. STREET AND NUMBER OR RURAL LOCATION <b>7805 SouthCrest PKW.</b>			

## PARENTS

17. FATHER—NAME First Middle Last <b>Lee O. Laughter</b>	18. MOTHER—NAME First Middle Maiden <b>Rosie Lee Guy</b>
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## INFORMANT

19a. INFORMANT—NAME (Type or print) <b>Margie Williams</b>	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1720 Mt Pleasant Rd Hernando, Miss. 38632</b>
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## DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	20b. CEMETERY, CREMATORY, PARK <b>Hernando Memorial Park</b>	20c. LOCATION (City and State) <b>Hernando, Miss.</b>	21a. EMBALMER—SIGNATURE AND NUMBER <b>Reinhardt 378</b>
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>Brantley-Phillips 17B</b>	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2470 Hwy. 51 South Hernando, Miss. 38632</b>		

## PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Jeffery Pounders Desoto County CMEI</b>	22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 7-2- 2005</b>	22c. PRONOUNCED DEAD (Hour) AT <b>2:30 PM</b>
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## CERTIFIER

23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd Nesbit, Miss. 38651</b>
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Mississippi State  
Board of HealthForm No. 511  
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>	24b. DATE SIGNED (Month, Day, Year) <b>July 11, 2005</b>	24c. STATE LICENSE NUMBER <b>MD</b>	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>	24f. TITLE <b>Desoto County CMEI</b>	24g. DATE SIGNED (Month, Day, Year)	

## CAUSE OF DEATH

Conditions, if any,  
which gave rise to  
immediate cause  
stating the  
underlying  
cause last

25. PART I: DEATH CAUSED BY: (a) <b>Obstrusive Pulmonary Disease</b>	Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death

Had Decedent  
been Pregnant  
within 90 Days  
prior to Death?☐ Yes ☐ No

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No) <b>No</b>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY <b>m.</b>
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. LOCATION Street or route number City or town State	
29f. INJURY AT WORK (Yes or No)	29g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

*Brian W. Amy MD*Brian W. Amy, MD, MHA, MPH  
STATE HEALTH OFFICER

APR -6 2006

*Judy Moulder*Judy Moulder  
STATE REGISTRAR

## WARNING:

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